



# Club Officer Reporting Form

Club #: \_\_\_\_\_ Club Name: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

City/State/Province: \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Deadline: Due by April 10th following club elections, or anytime there is a change in officers or a change in meeting time/location.

Change Effective

Start of next fiscal year (July 1)

Immediately

## President

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Secretary

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Treasurer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Club Meeting Information

Meeting Place: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Club Web Site: \_\_\_\_\_

### Distribution

Sertoma Headquarters, Director, District Governor and one copy retained by club.